Gender, Disability, and ADA Title I Employment Discrimination: A Comparison of Male and Female Charging Party Characteristics: The National EEOC ADA Research Project

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Abstract: Demographic characteristics of female charging parties in comparison to males who filed allegations of workplace discrimination under the Americans with Disabilities Act were examined using a secondary database maintained by the United States' Equal Employment Opportunity Commission (EEOC). Findings indicated that charging parties have distinct profiles related to demographic characteristics.

Keywords: gender, disability, employment, Americans with Disabilities Act

Even with the enactment of Title I (employment) of the Americans with Disabilities Act (ADA), men and women with disabilities continue to encounter discrimination in the workplace. Women with disabilities are often doubly disadvantaged, encountering discrimination on the bases of being female and disabled (Nosek & Hughes, 2003; O'Hare, 2004). In this article, the authors summarize the results of an investigation that compared and contrasted the employment discrimination allegations filed with the Equal Employment Opportunity Commission (EEOC) under Title I of the ADA by females to those filed by males. The focus of this examination is on the demographic characteristics (e.g., impairment type, discrimination issue, age, race) of female charging parties in comparison to male charging parties. This study addresses a particularly timely topic given the renewed interest in re-energizing the intent of the ADA with the recent passage of the ADA Amendments Act of 2008 by the United States Congress (2008). These research findings offer a gender-driven vantage point on how successful the ADA has been in engineering positive social attitudes toward disability as viewed through the characteristics of charging parties. From this vantage point, rehabilitation professionals can tailor career planning interventions and job placement supports to the specific factors that differentiate the employment discrimination experiences of female and male service recipients.

Background and Problem Statement

Until recently, limited research has explored the relationship of gender to employment discrimination as perceived by people with disabilities (Asch & Fine, 1988; Kutza, 1985; Mudrick, 1988). Nevertheless, in fiscal year 2008, the EEOC received 28,372 charges of sexbased discrimination. The EEOC resolved 24,018 sex discrimination charges and recovered \$109.3 million in monetary benefits for charging parties and other aggrieved individuals (not including monetary benefits obtained through litigation. Although arguably the ADA has elevated the awareness of the problem of discrimination against individuals with disabilities,

Title I has not been successful in decreasing discrimination based on gender and disability (Burkhauser, Houtenville, & Wittenburg, 2001).

Increasingly, gender is being viewed as an important demographic factor that influences the disability experience (Nosek & Hughes, 2003). Women with disabilities are one of the largest and most marginalized groups within our society (Nosek & Hughes, 2003; Jans & Stoddard, 1999) based on their status as females as well as being identified as persons with a disability (Menz, Hansen, Smith, Brown, Ford, & McCrowey, 1989; Traustadottir, 1990). According to the U.S. Census Bureau (2000) and Centers for Disease Control (2006), one in five females in the United States experiences a disability. They outnumber males with disabilities and constitute 21% of the population of females in the United States (Jans & Stoddard, 1999).

Females with disabilities are less likely to be employed than males with disabilities, and those who are employed earn less than their male counterparts (Burke, 1999; Featherstone, 2009; U.S. Census Bureau, 2001). Jans and Stoddard (1999) found that males with a mild disability earned 55% more than females with a mild disability, and males with a severe disability earned 26% more than females with a severe disability. In addition, 31.8% of males with severe disabilities and 89.9% of males with moderate disabilities compared to 27.7% of females with severe disabilities and 73.0% of females with moderate disabilities either worked, looked for a job, or were on layoff status during the last four months of 1994 (Hale, Hayghe, & McNeil, 1998). According to Smith (2007), disability is the strongest relative predictor of unemployment and being female is the second strongest predictor across time for the total population.

Overall, more employment discrimination complaints are filed under Title I of the ADA by males than females. This does not suggest, however, that more males are discriminated against than females, only that they are more likely to file. For example, McMahon, et al. (2008) examined the characteristics of charging parties alleging discrimination in hiring and found that they were disproportionately more male. In another study, Mitchell, McMahon, & McKee (2005) examined 1,637 allegations of employment discrimination by individuals with speech impairments compared to a group of individuals with orthopedic and visual impairments. Findings indicated a higher proportion of complaints were filed by males and younger individuals with speech impairments. Convers, Boomer, and McMahon (2005) found that, in contrast to individuals with other physical, sensory, and neurological impairments, a higher proportion of discrimination charges were filed by males with HIV/AIDS who were ethnic minorities and between the ages of 25-44. Lowman, West, and McMahon (2005) compared and contrasted key dimensions of workplace discrimination involving persons with cerebral palsy and persons with other physical, sensory, and neurological impairments. Findings indicated that more allegations of discrimination were derived from persons with cerebral palsy if they were male, White, and largely between the ages of 30 and 39. Similarly, researchers examined several aspects of employment discrimination experienced by individuals with spinal cord injury (SCI) in comparison to those of a group of individuals with other physical, sensory or neurological impairments (McMahon, Shaw, West, & Waid-Ebbs, 2005). Relative to the comparison group, proportionately more allegations were filed by persons with SCI who were male, 22 to 39 years of age, or White. Proportionately fewer allegations were filed by charging parties with SCI who were female, 50 or more years of age, or African American.

In contrast to the above-mentioned patterns of more males filing, McKenna (2005) found that charging parties with cancer were more likely to be female with a median age of 49 (p. 87). Lewis, et al. (2005) also found a higher proportion of female complaints in their investigation of employment discrimination allegations filed by persons with asthma. These allegations were disproportionately filed by African American women who were between 22 and 29 years of age. Tartaglia and his colleagues (2005) compared and contrasted employment discrimination allegations of persons with disfigurement and persons with missing limbs. Results showed that persons with disfigurement were more likely to (a) be females between 30 and 39 years of age and (b) encounter more employment discrimination than males with missing limbs. In addition, Vierstra, Rumrill, Koch, and McMahon (2007) investigated the employment discrimination experiences of individuals with multiple chemical sensitivity (MCS) and found that charging parties with this disability were proportionally more likely to be female, white, and older in comparison to persons in a general disability group with allergies, asthma, HIV, gastrointestinal impairment, and tuberculosis.

Methods

Study researchers conducted a retrospective analysis of secondary data to compare allegations of employment discrimination filed under Title 1 of the ADA by males to those filed by females. The research questions that guided the inquiry are:

- Is there a significant difference in the proportion of male vs. female allegations in relation to charging party basis or disability?
- Is there a significant difference in the proportion of males vs. female allegations in relation to charging party discrimination issue?
- Is there a significant difference in the proportion of males vs. female allegations in relation to charging party age?
- Is there a significant difference in the proportion of male vs. female allegations in relation to charging party race?

The EEOC is the agency responsible for enforcing Title I of the ADA, which prohibits employment discrimination against people with disabilities. The EEOC maintains the Integrated Mission System (IMS), which is used to track the filing, investigation, and resolution of all allegations of workplace discrimination under federal statutes. The IMS contains over two million allegations of employment discrimination. Through an Interagency Personnel Agreement between the EEOC and Virginia Commonwealth University, study researchers have access to a de-identified version of the database (see http://www.eeoc.gov/eeoc/foia/ims-pia.cfm).

The researchers used the IMS to extract a dataset that contains only those allegations *closed* under ADA Title I from the ADA's effective date of July 26, 1992 through December 31, 2008, the last date before the American's with Disabilities Amendments Act of 2008 went into effect. To ensure confidentiality, all identifying information was purged. All discrimination allegations brought under federal statutes other than the ADA were excluded as were those filed under state laws. Also excluded were allegations filed under ADA Title I that were still being

investigated or were currently open by the EEOC for litigation, as allegations such as these could not provide information regarding resolution status which ultimately determines whether or not an act of discrimination actually occurred. Additional allegations not included were recording or duplication errors or those allegations filed in an act of retaliation, since these allegations would not offer insight into the existence or consequence of disability.

The remaining master dataset consists of 402,291 allegations of employment discrimination filed under ADA Title I with the EEOC. Of note, the unit of interest in this investigation is an allegation, not an individual who filed an allegation since an individual may bring more than one allegation (i.e., two or more charges brought simultaneously if multiple discriminations have occurred at once or two or more charges brought consecutively if multiple discriminations have occurred over a period of time such as one in 1992 and one in 2001).

From the master dataset detailed above (with 402,291 allegations), researchers for the current study further divided these allegations into three subsets: (1) Males (206,014 or 51.210%); (2) Females (194,035 or 48.232%); and Null (2,242 or 0.557%). Because the Null subset would not contribute to knowledge sought by the study's research questions pertaining to the comparison of male and female allegations and because of its relatively small size, the Null subset was not included in the current study. This left researchers with a study-specific dataset with a total of 400,049 allegations for both the Male (206,014 or 51.497%) and Female (194,035 or 48.503%) allegation groups.

Variables

A person who brings an allegation of discrimination against an employer is the charging party (CP) and the employer against whom the allegation is brought is the Respondent. This study explores characteristics of charging parties only and the following are the variables associated with the CP: "basis" or CP's disability; the "issue" or type of discrimination filed in the allegation (e.g. wrongful firing, failure to make a reasonable accommodation, failure to hire); and the race (White, African American, Native American/Alaskan Native, Hispanic, Asian, Mixed Ethnicity, Other, or Unknown), age (grouped for the current study as 15-34, 35-54, 55-64, 65+, or Unknown), and gender (male or female) of the CP.

Data Analysis

Using Minitab 15, nonparametric tests of proportion were conducted to compare male and female allegations for each of the above variables on all of their respective categories. All confidence intervals were set at 99.999% with p < .001 and variable categories with p-values outside of this range were judged to have no significant difference between the male and female allegation groups. The resulting variables and their respective categories with significant differences were ranked by magnitude (Z-score) for comparison within variables.

Results

Basis (or disability) categories with significantly more male allegations included:

- HIV/AIDS (z = 52.03, p < .001)
- heart/cardiovascular (z = 38.31, p < .001)

- alcoholism (z = 31.86, p < .001)
- back (z = 28.09, p < .001)
- missing digits/limbs (z = 27.34, p < .001)
- learning disability (z = 18.86, p < .001)
- vision (z = 17.25, p < .001)
- drug addiction (z = 17.25, p < .001)
- paralysis (z = 14.37, p < .001)
- hearing (z = 13.52, p < .001)
- schizophrenia (z = 11.54, p < .001)
- mental retardation (z = 10.57, p < .001)
- speech (z = 10.27, p < .001)
- kidney (z = 9.80, p < .001)
- regarded as having a disability (z = 9.50, p < .001)
- traumatic brain injury (z = 9.21, p < .001)
- autism (z = 6.81, p < .001)
- cerebral palsy (z = 6.34, p < .001)
- record of disability (z = 5.84, p < .001)
- disfigurement (z = 5.16, p < .001)
- Alzheimer's (z = 4.00, p < .001)

Basis categories with significantly more female allegations included:

- impairment not otherwise specified (z = -30.57, p < .001)
- depression (z = -31.74, p < .001)
- asthma (z = -30.22, p < .001)
- multiple sclerosis (z = -27.94, p < .001)
- cumulative trauma disorder (z = -27.42, p < .001)
- cancer (z = -27.16, p < .001)
- diabetes (z = -22.82, p < .001)
- allergies (z = -22.03, p < .001)
- anxiety disorder (z = -15.11, p < .001)
- association with person with a disability (z = -14.10, p < .001)
- other neurological impairments (z = -13.72, p < .001)
- non-paralytic/orthopedic (z = -13.44, p < .001)
- chemical sensitivities (z = -10.88, p < .001)
- bipolar disorder (z = -8.98, p < .001)
- other psychological disorders (z = -8.78, p < .001)
- gastrointestinal disorders (z = -8.02, p < .001)
- other blood disorders (z = -5.53, p < .001)
- other respiratory or pulmonary impairments (z = -3.07, p < .001)

Basis categories with no significant difference included:

- tuberculosis (z = 0.94, p < .001)
- epilepsy (z = 0.61, p < .001)
- dwarfism (z = -1.50, p < .001)
- and cystic fibrosis (z = -2.62, p < .001).

Discrimination issue categories with significantly more male allegations included:

- hiring (z = 40.96, p < .001)
- layoff (z = 16.64, p < .001)
- discharge (z = 15.22, p < .001)
- reinstatement (z = 10.46, p < .001)
- recall (z = 10.45, p < .001)
- involuntary retirement (z = 9.74, p < .001)
- promotion (z = 9.54, p < .001)
- benefits—pension (z = 9.13, p < .001)
- union representation (z = 8.96, p < .001)
- suspension (z = 5.66, p < .001)
- referral (z = 5.66, p < .001)
- testing (z = 5.40, p < .001)
- prohibited medical inquiry (z = 4.42, p < .001)
- apprenticeship (z = 4.04, p < .001)
- severance pay (z = 3.82, p < .001)

Discrimination issue categories with significantly more female allegations included:

- constructive discharge (z = -22.06, p < .001)
- reasonable accommodation (z = -21.17, p < .001)
- harassment (z = -19.98, p < .001)
- terms/conditions of employment (z = -14.78, p < .001)
- maternity (z = -12.20, p < .001)
- discipline (z = -11.73, p < .001)
- intimidation (z = -10.46, p < .001)
- other (z = -3.57, p < .001)
- assignment (z = -2.13, p < .001)

Discrimination issue categories with no significant difference between male and female allegations included:

- references unfavorable (z = 2.61, p < .001)
- qualification standards (z = 2.33, p < .001)
- early retirement incentive (z = 2.12, p < .001)
- seniority (z = 1.79, p < .001)
- segregated union locals (z = 1.59, p < .001)
- benefits—insurance (z = 1.55, p < .001)
- job classification (z = 1.55, p < .001)
- training (z = 1.32, p < .001)
- demotion (z = 0.67, p < .001)
- segregated facilities (z = 0.54, p < .001)
- benefits—not insurance (z = 0.25, p < .001)
- exclusion/segregated union (z = 0.06, p < .001)
- waiver of ADEA rights (z = -0.38, p < .001)
- tenure (z = -0.92, p < .001)

- advertising (z = -1.53, p < .001)
- posting notices (z = -1.68, p < .001)
- wages (z = -1.75, p < .001)
- assignment (z = -2.13, p < .001)

Age categories with significantly more male allegations included:

- 55-64 (z = 19.11, p < .001)
- 65+(z=17.40, p<.001)

Age categories with significantly more female allegations included:

- 35-54 (z = -13.01, p < .001)
- 15-34 (z = -4.93, p < .001)

Age categories with no significant difference between male and female allegations included:

• null or unknown (z = -1.04, p < .001)

Race categories with significantly more male allegations included:

- White (z = 15.48, p < .001)
- Hispanic (z = 14.76, p < .001)
- Mixed Race (z = 5.86, p < .001)

Race categories with significantly more female allegations included:

- African American (z = -23.24, p < .001)
- null or unknown (z = -8.25, p < .001)

Race categories with no significant difference between male and female allegations included:

- other (z = 5.86, p < .001)
- Native American/Alaskan Native (z = -0.33, p < .001)
- Asian (z = 0.69, p < .001)

Discussion

Results of this study highlight the differences and similarities in the characteristics of male and female charging parties. Exploring gender differences and allegations of hiring discrimination, McMahon et al. (2005) found that males with disabilities were more likely than females with disabilities to file a report. Indeed, in terms of the current findings, males slightly edged out females in reports of alleged discrimination (51.5 vs. 48.5 percent). Whether or not an allegation is found to be meritorious, males may be more inclined to file a report due to socially based norms in which they are the majority class despite the occurrence of a disability. In general, males and females present significantly different profiles in terms of impairment type, discrimination issue, age, and race.

Gender and Impairment Type

In examining impairment type, proportionally more discrimination allegations were reported by males who had "traditional" disabilities (i.e., those that are more obvious, medically established, easy to diagnose, and less stigmatizing) in comparison to females who filed proportionally more discrimination allegations based on "emerging" impairment types (e.g., chemical sensitivities, impairment not specified, other neurological) that are less obvious, more difficult to diagnose, often medically contested, and more stigmatizing (Fox & Kim, 2004; McNeil & Kroll, 2004). The one exception to this finding is the proportionally greater number of discrimination complaints due to HIV, also a highly stigmatizing emerging disability, filed by males. Many of the emerging disabilities associated with female allegations are autoimmune diseases (ADs; e.g., lupus, multiple sclerosis, arthritis). ADs represent the fourth leading cause of disability among women in the United States (American Autoimmune Related Diseases Association, Inc. [AARDA], 2009). Given that the ratio of women to men with ADs in the general population ranges from 2:1 to 50:1, depending on the specific AD diagnosis, it is not surprising that more allegations of discrimination on this basis would be filed by women (Joffe & Friedlander, 2008).

Although the greater proportion of allegations by women with emerging disabilities can be explained by their greater proportion in the general population, research has documented that women with unusual symptoms who seek medical diagnosis and treatment are less likely than their male counterparts to be taken seriously by physicians, and their symptoms are more likely to be labeled as psychosomatic (AARDA, 2009; Lipson & Doiron, 2006). These women are, therefore, more likely to encounter reactions such as discrimination from employers who question the validity of their conditions.

A greater proportion of female allegations in comparison to male allegations was also filed on the basis of psychiatric impairments (e.g., depression, other psychiatric impairment, anxiety disorders, bipolar disorder). In the general population, overall rates of occurrence of psychiatric disabilities are almost identical for females and males (National Institute of Mental Health [NIMH], 2010). However, gender differences are found in the patterns of mental illness that affect males and females (World Health Organization, 2009). For example, both depression and anxiety occur twice as frequently in females as in males, and posttraumatic stress disorder is more common in women than men (NIMH, 2010). The data analyzed in the current study reflect gender differences in impairment types along similar lines. However, in the current study, there were proportionally more male allegations filed on the basis of schizophrenia, and proportionally more female allegations filed on the basis of bipolar disorder. In contrast, there are no marked gender differences in the rates of schizophrenia and bipolar disorder in the general population (NIMH, 2010).

Gender biases in the diagnosis and treatment of mental illness have been indicated as another plausible explanation for differences in patterns of mental illness between males and females in the general population. For example, research has documented that physicians are more likely to diagnose depression in women than in men, even when they present with identical symptoms or scores on standardized measures of depression (Munch, 2004). Physicians are also more likely to prescribe psychotropic medications to women. On the other hand, men are more likely than women to be diagnosed with alcoholism and substance use disorder providing a potential explanation for the higher proportion of male allegations filed due to both alcoholism and drug addiction.

Proportionally more allegations were also reported by women who had impairment types that can be environmentally induced (e.g., chemical sensitivities, allergies, asthma). It has been estimated that 12 to 18% of the U.S. population has chemical sensitivities, with 80% of those affected being women (Lipson & Doiron, 2006). Because women still typically assume primary responsibility for household duties, they are more frequently exposed to environmental toxins in the home (e.g., cleaning products, pesticides, air fresheners, disinfectants), and, thus, at greater risk of developing disabilities that are environmentally induced (e.g., allergies, some cancers, chemical sensitivities). In addition, female employees are disproportionally more represented in industries (e.g., textile industry, health care and clinical laboratories, manufacturers of electronic equipment, dry cleaners) where ongoing exposure to environmental hazards in the workplace is common (Stellman, 1996).

The clustering of women's work in "pink collar" occupations (e.g., secretaries, cashiers, waitresses, housekeepers, hairstylists, nursing aides) that require repetitive use of certain muscles and tissues to perform job tasks may account for the higher proportion of allegations filed by women in the current study who have cumulative trauma disorders (Stellman, 1996). Finally, the greater proportion of discrimination complaints filed by women on the basis of association with an individual with a disability could be explained by the fact that women typically assume primary care giving responsibilities, and discrimination based on workers' responsibilities to care for family members (e.g., children, partners, elderly parents, other family members with disabilities) is becoming a widespread concern in the twenty-first century workplace (Von Bergen, 2008). Of particular relevance in the interpretation of these findings, the EEOC in 2007 noted that:

While care giving responsibilities disproportionately affect working women generally, their effects may be even more pronounced among some women of color, particularly African-American women, who have a long history of working outside the home. ... Women of color also may devote more time to caring for extended family members, including both grandchildren and elderly relatives, than do their White counterparts (section IA, para. 4).

Gender and Discrimination Issue

In comparing male allegations to those of females in terms of issue or type of discrimination, proportionally more alleged discrimination was reported by males in 15 of the 41 issue categories and females in 8 of the 41 categories. Thus, allegations are more spread out across categories for males. While the highest ranked issue category for men was hiring, the highest ranked issue category for women was constructive discharge. These are followed by layoff and discharge for men and reasonable accommodation and harassment for women. Exploring gender differences and allegations of hiring discrimination, McMahon et al. (2008) found that males with disabilities were more likely than females with disabilities to file a report. A possible explanation for this finding is that more women have hidden disabilities and/or disabilities that do not require accommodations to complete the interviewing process. Thus, they may not have the need to disclose their disability status and request accommodations until after they have been hired. An alternative explanation is that women file less on the basis of hiring because they are more likely to encounter covert forms of discrimination in the hiring process, which are more difficult to document and prove than more overt forms of discrimination

(Cortina, 2008). Examples of covert discrimination in hiring include holding women applicants with disabilities to higher standards, evaluating their applications more critically, devoting less time to the interview than is given to other applicants, or failure to provide them with important information about the position or application process that is provided to other applicants.

The higher proportion of allegations by women of issues in the constructive discharge category could also be explained by covert discrimination. This finding could be further linked to the finding that proportionally more female allegations in comparison to male allegations are filed on the basis of impairment types that can be classified as autoimmune diseases. The symptoms associated with autoimmune diseases tend to be chronic, progressive, unpredictable in their course, and exacerbated by stress (Joffe & Friedlander, 2008). Symptoms may not be visible to others, leading to doubt regarding claims of disability and triggering covert acts of discrimination. Among women, the higher proportions of alleged discrimination by harassment, intimidation, and reasonable accommodation could also reflect negative attitudes toward individuals with emerging disabilities and autoimmune diseases. Research has demonstrated that more stigma is associated with hidden disabilities and especially disabilities that are questioned in terms of their legitimacy (Fox & Kim, 2004).

Gender and Age

In comparing gender by age, proportionally more instances of alleged discrimination were reported by females between 35 and 54 years of age and males between ages 16 to 34 years. These age ranges represent the prime years of labor force participation for both males and females. However, males in comparison to females reported more incidents of alleged discrimination as they are aging out of the workforce (55 to 65 plus years). In interpreting these findings, it should be noted that female participation in the workforce has substantially increased since 1950 as male participation has decreased. Overall, declining trends in labor force participation are indicative of an aging workforce as reflected by the baby boomer generation (Toossi, 2009). Across gender, more than one in eight individuals in the 65 plus years age group is working (Endicott, 2005). However, a larger proportion of older men are participating in the labor force compared to older women (Hill, 2002).

In terms of the potential interplay of gender and age, several considerations may be relevant. For example, older women may be less likely than younger women and men of all ages to report alleged discrimination because of generational work values, socialization, and economic factors. Older women may also be more committed to their employers in terms of loyalty and willingness to "go the extra mile" (The Sloan Center on Aging and Work), less comfortable with an empowered interactional style, and less likely to question workplace expectations (Dittmann, 2005). Furthermore, women under 50 have outpaced older women in educational attainment (Sloan Center on Aging and Work). Armed with more formal education, younger females may be more knowledgeable regarding legislative protection, personnel policies, services, and supports than older female workers. Thus, they may be more prepared to pursue resolution for alleged discriminatory actions. From an economic perspective, older women are also likely to be the primary wage earners in the household; such dependency on a single income may result in a reluctance to challenge the workplace culture. The Sloan Center on Aging and Work (2009) reported that older female workers are less likely to be married or living with a partner, earn less than their male counterparts, are less educated than their male

counterparts, live in households with lower family incomes, and experience working poverty as a form of underemployment.

The fact that older male workers disproportionally reported higher rates of alleged employment discrimination may be indicative of the existence of age discrimination in the workplace (Gutman, 2000). That is, the older worker may perceive that discrimination is occurring based upon their age as they wind down their work years. In the 2008 fiscal year, age discrimination complaints were up 30% compared to 2007 (EEOC). This increase, in part, may be due to the growing numbers of older employees in the workplace. Interestingly, this pattern does not appear to hold for older female workers. Also, according to the Sloan Center on Aging and Work (2009), older male workers are more likely to be married than older female workers and more likely to live in households with a higher income. These factors may impact the decision of the older male worker to not file a discrimination allegation. Finally, Pitt-Catsouphes, Matz-Costa, and Besen (2009) found that older Baby Boomers (ages 53 to 61) perceived lower supervisor support compared to Generation X'ers (ages 27 to 42) and the Younger Baby Boomers (ages 43 to 52). This study did not account for gender. However, this finding sheds light on the possibility that the older worker may not feel supported in the workplace, thereby, influencing a decision to file a complaint.

Gender and Race

White males, followed by Hispanic males and males of mixed race filed proportionally more allegations of discrimination than Asian, Native American/Alaskan Native, African-American and Other males as well as females. Because White males represent the majority of labor force participation, they may be more fully informed of their rights in the workplace. They may also possess a stronger sense of self efficacy and have more positive outcome expectations than women and members of racial/ethnic minority groups because of their privileged status in the workplace. Thus, they are likely to be more confident about filing a complaint, and more secure in the belief that the outcome of that complaint would be constructive (McMahon et al., 2008). Conversely, African-American males and females may have developed more negative outcome expectations because of their marginalized status in American society as well as the workplace. Interestingly, the current findings contradict Coleman, Darity and Sharpe's (2008) research findings indicating that male and female Black workers are far more likely than White workers to report racial discrimination at work.

Also of note, Hispanic males filed proportionally more allegations than other ethnic minority group males. According to the United States Bureau of Labor Statistics (BLS, 2008b), Hispanics have the highest rate of labor force participation with more than two-thirds employed. However, they tend to be employed in occupations with low to medium weekly earnings such as farming, forestry, maintenance, building and grounds keeping, construction, and serving related occupations. In many of these occupations (e.g. farming, construction), employees have union representation which could account for the greater proportion of EEOC complaints filed by Hispanics. Unions often have capacity building programs that address advocacy, legal rights and protections, or employment support programs.

Latina, as well as Black, women typically work in service occupations, and are more likely to be members of the working poor, than White and Asian women (BLS, 2008a). Perhaps

cultural norms combined with employment in occupations associated with less power and prestige influence the reporting of alleged discrimination by Latina women. That Hispanic males were more likely to file than other ethnic minority males is particularly intriguing as Balcazar, Keys, and Suarez (2001) found that 93% of Hispanics/Mexicans with disabilities in Chicago were unaware of their rights and responsibilities under the ADA.

Proportionally more African-American females filed allegations in comparison to males. This finding is not surprising considering the feasibility of intersectional discrimination based upon race, class, gender and disability. However, this result is somewhat counterintuitive in terms of other factors as formerly discussed related to gender and likelihood of filing a complaint. One could speculate that the nature of the alleged discrimination is so blatant that filing a charge is the obvious recourse.

Implications and Conclusions

The interplay of employee characteristics and allegations of employment discrimination are complex and therefore difficult to understand. Regardless, rehabilitation professionals must proactively consider the potential influences of the demographic characteristics of service recipients as they develop supports and provide services to enhance employment outcomes. Targeted education and awareness efforts must address age, gender, and cultural differences (e.g., race and ethnicity), as well as the potential influence of type of impairment on employment. Such activities will inform the experiences of rehabilitation clients, the practices of rehabilitation professionals, and the hiring and employment behaviors of employers. Additionally, alternative career development models need to be constructed and evaluated that better represent the experiences of contemporary workers in an increasingly diversified workforce. Traditional models are based on the assumption that career development follows a predictable, linear and uninterrupted progression from education through employment to retirement (Dainty & Lingard, 2006). These models do not reflect the career development experiences of modern workers including women, people with disabilities, minorities, and older workers. Nor do they reflect contemporary workforce trends.

In preparing consumers to be self-advocates regarding their rights and responsibilities under Title I of the ADA, it is imperative that interventions be tailored to individual characteristics of the consumer (e.g., age, gender, age, ethnicity/race, impairment type) rather than providing a one-size fits all approach that is predicated on outdated assumptions about career development and employment discrimination. Similarly, workplace policies and practices need to be modified to address the needs of a more diverse workforce. Organizational practices and policies are still structured around traditional models of career development that impede the career success of non-traditional workers (Dainty & Lingard, 2006).

Finally, rehabilitation professionals should be knowledgeable about legislation that makes it illegal to discriminate against members of other protected classes in employment (e.g., Title VII of the Civil Rights Act, Age Discrimination in Employment Act, Family and Medical Leave Act) because both women and men with disabilities are likely to encounter multiple forms of discrimination on the job and should be informed about all avenues for redress. Rehabilitation professionals also have a role in assisting to eradicate barriers to employment experienced by people with disabilities by educating employers about how reasonable accommodations (e.g.,

flexible work schedules, part time work, career break programs, job sharing, home-based work, etc.) and family friendly policies can be combined to attract and retain employees from a diversified workforce.

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References

American Autoimmune Related Diseases Association, Inc. (AARDA, 2009). *Autoimmune disease in women*. Retrieved from http://www.aarda.org/women_and_autoimmunity.php

- Asch, A., & Fine, M. (1988). Introduction: Beyond pedestals. In M. Fine and A. Asch (Eds.), Women with disabilities: Essays in psychology, culture and politics. Philadelphia, PA: Temple University Press.
- Balcazar, F. E., Keys, C. B., & Suarez-Balcazar, Y. (2001). Empowering Latinos with disabilities to address issues of independent living and disability rights: A capacity-building approach. *Journal of Prevention and Intervention in the Community*, 21(2), 53-70.
- Burke, R. (1999). Disability and females' work experiences: An exploratory study. *International Journal of Sociology & Social Policy*, 19, 21–33.
- Burkhauser, R., Houtenville, A., & Wittenburg, D. (2001, October 18-19). A user guide to current statistics on the employment of people with disabilities. Paper presented at the conference on The Persistence of Low Employment Rates of People with Disabilities—Cause and Policy Implications, Washington, DC. Retrieved from http://www.ilru.org/html/training/webcasts/handouts/2001/11-14-AH/current_statistics.html.
- Centers for Disease Control (2006). Prevalence and Most Common Causes of Disability Among Adults United States 2005, Morbidity and Mortality Weekly Report. Retrieved from www.cdc.gov/mmwr/preview/mmwrhtml/mm5816a2.htm#fig
- Coleman, M. G., Darity, W. A., and Sharpe, R. V. (2008). Are reports of discrimination valid? Considering the moral hazard effect. *American Journal of Economics and Sociology*, 67, 149-167.
- Conyers, L., Boomer, K., and McMahon, B. (2005). Workplace discrimination and HIV/AIDS: The National EEOC ADA Research Project. *WORK: Journal of Assessment, Prevention, and Rehabilitation*, 25(1), 37-48.
- Cortina, L. M. (2008). Unseen injustice: Incivility as modern discrimination in organizations. *Academy of Management Review, 33*, 55-75.
- Dainty, R.J., & Lingard, H. (2006). Indirect discrimination in construction organizations and the impact on women's careers. *Journal of Management in Engineering*, 108-118.
- Dittmann, M. (2005) Generational differences at work. APA Monitor on Psychology, 36(6), 54. Retrieved from www.natemcguire.com/wp-content/uploads/2010/02/Generational-Differences-at-Work.pdf
- Endicott, S. (2005, March). *Workplace accommodations*. Paper presented at the Technology and Persons with Disabilities Conference, Northridge, CA.
- Equal Employment Opportunity Commission (EEOC, 2007). *Enforcement guidance: Unlawful disparate treatment of workers with caregiving responsibilities* (Notice number 915.002). Retrieved from http://www.eeoc.gov/policy/docs/caregiving.html

- Equal Employment Opportunity Commission (EEOC, 2008). Sex-Based Discrimination Statistics. Retrieved from http://www.eeoc.gov/types/sex.html
- Featherstone, L. (2009). Wage differences among closure 26 status competitively employed women and men with disabilities who received VR services from RSA in 2006 [Unpublished doctoral dissertation]. University of Arkansas.
- Fox, M. H., & Kim, K. (2004). Understanding emerging disabilities. *Disability and Society*, 19(4), 323-337.
- Friedlander, J. (2008). Women, work, and autoimmune disease: Keep working girlfriend! New York: Demos Health.
- Gutman, A. (Ed.). (2000). EEO law and personnel practices (2nd ed.). Thousand Oaks, CA: Sage.
- Hill, E. (2002). The labor force participation of older women: Retired? working? both? *Monthly Labor Review*, 125. Retrieved from www.bls.gov/opub/mlr/2002/09/art4full.pdf
- Hale, T. W., Hayghe, H., & McNeil, H. (1998) Persons with disabilities: Labor market activity, 1994. *Monthly Labor Review*. Retrieved from www.bls.gov/opub/mlr/1998/09/art1full.pdf
- Jans, L. & Stoddard, S. (1999). Chartbook on females and disability in the United States: An InfoUse report. Washington, DC: U.S. Department of Education, National Institute on Disability and Rehabilitation Research.
- Joffe, R., & Friedlander, J. (2008) Women, work and autoimmune disease: Keep working, girlfriend! New York: Demos Medical Publishing.
- Kutza, E. (1985). Benefits for the disabled: How beneficial for females? In M. J. Deegan & N. A. Brooks (Eds.), *Females and disability: The double handicap*. Brunswick, NJ: Transaction Books.
- Lewis, A., McMahon, B., West, S., Armstrong, A., and Belongia, L. (2005). Workplace discrimination and asthma: The National EEOC ADA Research Project. *Journal of Vocational Rehabilitation*, 23(3), 189-196.
- Lipson, J. G., & Doiron, N. (2006). Environmental issues and work: Women with multiple chemical sensitivities. *Health Care for Women International*, 27, 571-584.
- Lowman, D. K., West, S. I., & McMahon, B. T. (2005). Workplace discrimination and cerebral palsy: The national EEOC ADA Research Project. *Journal of Vocational Rehabilitation*, 23(3), 171–178.
- McKenna, M., (2005). Discriminatory practices charged under EEOC: An empirical analysis of investigated complaints filed by those who have cancer (Doctoral dissertation). University of Maryland, College Park.

- McMahon, B., Roessler, R., Rumrill, P., Hurley, J., West, S., Chan, F., and Carlson, L. (2008). Hiring discrimination against people with disabilities under the ADA: Characteristics of charging parties. *Journal of Occupational Rehabilitation*, 18(2), 122-132.
- McMahon, B., Shaw, L., West, S., and Waid-Ebbs, K. (2005). Workplace discrimination and spinal cord injury: The National EEOC ADA Research Project. *Journal of Vocational Rehabilitation*, 23(3), 166-162.
- McNeil, M. J., & Kroll, T. (2004). Women and emerging disabilities. In B. G. Smith & B. Hutchison (Eds.), *Gendering Disabilities*. New Brunswick, NJ: Rutgers University.
- Menz, F., Hansen, G., Smith, H., Brown, C., Ford, M., & McCrowey, G. (1989). Gender equity in access, services, and benefits from vocational rehabilitation. *The Journal of Rehabilitation*, *55*(1), 31-41.
- Mitchell, P., McMahon, B., and McKee, D. (2005). Workplace discrimination and speech impairment: The National EEOC ADA Research Project. *Journal of Vocational Rehabilitation*, 23(3), 163-170.
- Mudrick, N. A. (1988). Disabled women and public policies for income support. In M. Fine & A. Asch (Eds.), *Women with disabilities: Essays in psychology, culture, and politics* (pp. 245-268). Philadelphia, PA: Temple University Press.
- Munch, S. (2004). Gender-biased diagnosing of women's medical complaints: Contributions of feminist thought, 1970-1995. *Women and Health*, 40(1), 101-121.
- National Institute of Mental Health (2010). *The numbers count: Mental disorders in America*. *Retrieved* from http://www.nimh.nih.gov/healthAmericapublications/the-numbers-count-mentald-disorders-in-america/index.shtml#Intro
- Nosek, M., & Hughes, R. (2003). Psychosocial issues of women with physical disabilities: The continuing gender debate. *Rehabilitation Counseling Bulletin*, 46(4), 224-234.
- O'Hare, B. (2004). Twice penalized: Employment discrimination against women with disabilities. *Journal of Disability Policy Studies*, 15(1), 27-34.
- Pitt-Catsouphes, M., Matz-Costa, C., & Besen, E. (2009). *Age and Generations: Understanding experiences at the workplace*. Retrieved from The Sloan Center on Aging and Work, Boston College, http://agingandwork.bc.edu/documents/RH06_Age&Generations_2009-03-20.pdf
- The Sloan Center on Aging and Work (2009, March). *Fact Sheet 22*. Retrieved from http://agingandwork.bc.edu/documents/FS22_OlderWomen_in_Workforce_2009-0324.pdf
- Smith, D. (2007). Employment status of women with disabilities from the Behavioral Risk Factor Surveillance Survey (1995-2002). *Work*, 29(2), 127-135.

- Stellman, J.M. (1996). Where women work: The hazards they may face on the job. *Journal of Occupational Medicine*, *36*(8), 814-825.
- Tartaglia, A., McMahon, B., West, S., and Belongia, L. (2005). Workplace discrimination and disfigurement: The National EEOC ADA Research Project. *WORK: Journal of Assessment, Prevention, and Rehabilitation*, 25(1), 57-66.
- Toossi, M. (2009). Labor force projections to 2018: Older workers staying more active despite their age. *Monthly Labor Review*, *November* 2009, 30-51.
- Traustadottir, R. (1990). *Employment, equality, and gender*. Retrieved from the website of the Center on Human Policy, Syracuse University http://thechp.syr.edu/workgen.htm
- U.S. Bureau of Labor Statistics (2008a). *Quick Stats on Women Workers*. Retrieved from http://www.dol.gov/wb/stats/main.htm
- U.S. Bureau of Labor Statistics (2008b). *Employment status of the civilian non-institutional population, 1940s to date.* Retrieved from http://www.bls.gov/cps/tables.htm#ncharemp_m.
- U.S. Census Bureau (1994). *Survey of income and program participation*. Retrieved from http://www.census.gov/hhes/www/disability/sipp/disable9495.html.
- U.S. Census Bureau (2000). *Profile of selected social characteristics: 2000* (Table DP-2, 2000). Retrieved from www.census.gov/Press-Release/www/2002/dptables/2k00.xls
- U.S. Census Bureau (2001). *Current population survey*. Retrieved from http://www.census.gov/hhes/www/income/income01.html
- Vierstra, C. L., Rumrill, P. D., Koch, L. C., & McMahon, B. T. (2007). Multiple chemical sensitivity and workplace discrimination: The national EEOC ADA project. *Work*, 28(4), 391-402.
- Von Bergen, C. W. (2008) "The Times They are a-Changin": Family responsibilities discrimination and the EEOC. *Employee and Responsibilities Rights Journal*, 20(3), 177-194. Doi:10.1007/s10672-008-9064-4
- World Health Organization (WHO, 2009). *Gender and women's mental health*. Retrieved from www.who.int/mental_health/prevention/genderwomen/en/